

033494 2010

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

RECEIVED
Attorney General's Office
FEB 04 2011
Registry of Charitable Trusts

State Charity Registration Number: CT 33494

W.E.A.V.E. INCORPORATED

Name of Organization

1900 K STREET

Address (Number and Street)

SACRAMENTO, CA 95811

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 0837265

Federal Employer I.D. No. 94-2493158

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
Gross annual revenue \$ 3,001,850. Total assets \$ 6,294,383.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

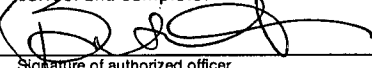
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <u>SEE STATEMENT 14</u>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. <u>STMT 15</u>	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 916-448-2321

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

 Beth Hassett, Executive Director 1-27-11
Signature of authorized officer Printed Name Title Date

176266
150.00

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 14

CA DEPT. OF PUBLIC HEALTH
1615 CAPITOL AVENUE, MS 8400
SACRAMENTO, CA 95899
JEANNIE GALARPE
916-552-9838

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT - EHAP
1800 THIRD STREET, ROOM 350
SACRAMENTO, CA 95811
DAN APODACA
916-322-1560

SAC COUNTY-DEPT. OF HUMAN ASSISTANCE
2433 MARCONI AVENUE
SACRAMENTO, CA 95821
DEBBY RZEZNIK
916-875-0955

SAC COUNTY-DEPT. OF HEALTH & HUMAN SERV.
7001-A EAST PARKWAY, SUITE 1000
SACRAMENTO, CA 95823
JUDY BELL
916-876-7284

SACRAMENTO COUNTY SHERIFF'S DEPARTMENT
711 G STREET
SACRAMENTO, CA 95814
NANCY GUST
916-874-6032

SAC CITY-ANN LAND/BERTHA HENSCHER MEMORIAL FUNDS COMMISSION
915 I STREET, 5TH FLOOR
SACRAMENTO, CA 95814
ILEE STOKES
916-808-7618

CITY OF RANCHO CORDOVA
2729 PROSPECT PARK DRIVE
RANCHO CORDOVA, CA 95670
SARAH BONTRAGER
916-361-8384

SACRAMENTO REGIONAL EMERGENCY FOOD AND SHELTER BOARD
909 12TH STREET, SUITE 200
SACRAMENTO, CA 95814
ALAN LANGE
916-447-7063

CITY OF ELK GROVE
8380 LAGUNA PALMS WAY, SUITE 200

FORM RRF-1

STATEMENT 14

ELK GROVE, CA 95758
LT. ART OLSEN
916-684-0648

SACRAMENTO EMPLOYMENT & TRAINING AGENCY
925 DEL PASO BLVD., SUITE 100
SACRAMENTO, CA 95815
MARY JENNINGS
916-263-1555

UC DAVIS - OFFICE OF RESEARCH
1850 RESEARCH PARK DRIVE, SUITE 300
DAVIS, CA 95618
MARIE ROSSI
530-754-8062

CA EMERGENCY MANAGEMENT AGENCY-DV
3650 SCHRIEVER AVENUE
MATHER, CA 95655
STEPHANIE PEDONE
916-628-1473

CA EMERGENCY MANAGEMENT AGENCY-RC
3650 SCHRIEVER AVENUE
MATHER, CA 95655
ANN SALDUBEHERE
916-324-7886

FORM RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 8

STATEMENT 15

THE ORGANIZATION CONTRACTS WITH A COMMERCIAL FUND RAISER, DONATE
LOCAL, TO CONDUCT ITS VEHICLE DONATION PROGRAM.